

# Debbie Gillette

## Kendall County Clerk & Recorder

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111 West Fox Street  
Yorkville, Illinois 60560  
Main Tel (630) 553 - 4104  
Voter Registration (630) 553-4105

### **ABSENTEE BALLOT APPLICATION FORM for REGISTERED VOTERS**

A qualified voter may make application by mail, not more than 40 nor less than 5 days, prior to the date of the election for an official ballot for the voter's precinct, to be voted at such election. UOCAVA voters may refer to [www.fvap.gov](http://www.fvap.gov)

Due to a change in The Election Code an Absentee Ballot Application Form is being posted online. You may type in your information on-line, then print and sign the form. The information will not be saved online. If you prefer you may print the form and fill it in by hand. (Print the form ONLY.)

### **ALL ENTRIES MUST BE LEGIBLE FOR YOUR APPLICATION TO BE PROCESSED**

After completing and signing the form you may return it to this office by mail or in person at the address listed above.

### **IMPORTANT NOTICE**

You are not required to use the posted application form to apply for your ballot. You may continue to phone or mail in your request for an absentee ballot as you have done in the past. Those making such requests will receive a printed application form from our Voter Registration System with most of your information pre-filled in.

# ABSENTEE BALLOT APPLICATION FORM

Office of the Kendall County Clerk  
111 West Fox Street  
Yorkville, IL 60560  
630 / 553 - 4104

1. Precinct # _____ (1)*township of _____ (2)*City of _____ (3)* _____ Ward in the City of _____ Fill in either (1), (2), or (3).				Office Use Only
2. _____ Valid IL Driver's License or IL ID # _____ or Last 4 Digits of SSN# _____		/ / Date of Birth		
3. NAME Last Name First Name Middle Name Suffix				
Street Address (include apt, lot, etc, if applicable)				
City		State	ZIP	Daytime Phone
4. <input type="checkbox"/> I have moved. The above address represents my NEW address. Please change my voter record accordingly.		I have lived at the address entered above for _____ month(s).		
5. Former name (if applicable)				
Complete section #6 ONLY if the ballot is to be mailed to an address different than the address in section #3				
6. Street Address (include apt, lot, etc, if applicable)				
City		State	ZIP	Country (other than USA)
7. Date and Name of the Election for this ballot request  / / Check <u>ONE</u> <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Consolidated (Month/Day/Year) Box <input type="checkbox"/> Special _____				Party Affiliation  For PRIMARY ELECTIONS ONLY <input type="checkbox"/> Republican <input type="checkbox"/> Green <input type="checkbox"/> Democratic
<p>I state that I am a resident in the precinct and residence as stated above, that I have lived at such address for 30 or more days preceding the election, that I am lawfully entitled to vote in such precinct at said election to be held therein and that I wish to vote by absentee ballot in the election named above. I understand that subsequent elections require additional, separate application be made.</p> <p>I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on the date of the election or, if returned by mail, postmarked no later than midnight preceding election day, for counting no later than during the period for counting provisional ballots, the last day of which is the 14<sup>th</sup> day following election day.</p> <p>Under penalties as provided by law pursuant to Section 29-10 of The Election Code, the undersigned certifies that the statements set forth in this application are true and correct.</p>				
Signature of Voter _____			Date _____	

Email (Optional) \_\_\_\_\_